## Case 19-24065-CMB Doc 82 Filed 10/18/24 Entered 10/18/24 17:32:18 Desc Main Document Page 1 of 2

Fill in this information to identify your case:										
Shawn A Fehl										
Holly L King	Middle Name	Last Name								
First Name	Middle Name	Last Name								
ankruptcy Court for the:	WESTERN DISTRICT OF PENNSYLVANIA									
19-24065-CMB										
	Shawn A Fehl First Name Holly L King First Name sankruptcy Court for the:	Shawn A Fehl First Name Middle Name  Holly L King First Name Middle Name  Mankruptcy Court for the: WESTERN DISTRICT (	Shawn A Fehl First Name Middle Name Last Name  Holly L King First Name Middle Name Last Name  eankruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA							

## Official Form 423

## **Certification About a Financial Management Course**

12/15

• you	filed f	or bankruptcy	under ch	apter 7 or 13, or	e about personal financial mana d)(3) does not apply.	gement if:			
In a join	t case	e, each debtor	must take	the course. 11 U.S.	C. §§ 727(a)(11) and 1328(g).				
the prov	ider o	loes notify the	court, yo		orm. If the provider does not not		you have completed the course. en Debtor 1 and Debtor 2 must ea		
		under chapter y Code.	7 and you	need to file this form, f	file it within 60 days after the first d	ate set for the me	eting of creditors under § 341 of the	;	
					form, file it before you make the la of the Bankruptcy Code. Fed. R. B		our plan requires or before you file	а	
		s, the court ca the court and			e the financial management cou	rse. To have the	e requirement waived, you must f	ile	
Part 1:	Tell	the Court Abo	ut the Rec	uired Course.					
You mu	ıst che	eck one:							
	l cor	npleted an ap	proved co	urse in personal fina	ncial management:				
	Date I took the course 10/17/2024								
				MM/ DD / YYYY	M/ DD / YYYY				
Name of approved provider Access Counseling			ng, Inc.						
	Certi	ficate Number		15317-PAW-DE-0	38976331				
	l am moti	granted my							
		Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.						
		Disability.	phone, or through the internet, even after I reasonably tried to do so.						
		Active duty.							
		Residence.	I live in a district in which the United States trustee (or bankruptcy administrator) has determined that the approved instructional courses cannot adequately meet my needs.						
Part 2:	Sign	Here							
I certify	that th	ne information I	I have prov	ided is true and correc	et.				
				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		D.:	0.41.45.655		
		L King	a cortificate		Holly L King Printed name of debtor	Date	October 17, 2024		
Signa	iule ol	debtor named or	i certincate		Fillited Hairie of deptor				

Certificate Number: 15317-PAW-DE-038976331

Bankruptcy Case Number: 19-24065



## **CERTIFICATE OF DEBTOR EDUCATION**

I CERTIFY that on October 17, 2024, at 4:11 o'clock PM PDT, Holly L King completed a course on personal financial management given by internet by Access Counseling, Inc., a provider approved pursuant to 11 U.S.C. 111 to provide an instructional course concerning personal financial management in the Western District of Pennsylvania.

Date: October 17, 2024 By: /s/Junie Montebon

Name: Junie Montebon

Title: <u>Credit Counselor</u>